

Authorization for Release of Records

To: United States Department of Agriculture
Natural Resources Conservation Service

I hereby authorize the release of my individual records that are in the custody of the United States Department of Agriculture, Natural Resources Conservation Service.

I authorize release of records to the following named individual(s) or representative(s) of the following organization(s):

List name(s) or organization(s)

YORK COUNTY AG LAND PRESERVATION BOARD; _____;
_____; _____;
_____; _____;

I authorize release of the following information:

☐

Any information in my files (initial this block)

or

☐

Only the following information as noted below. (initial this block)

- _____
- _____
- _____

Beginning date _____ for release of record.

Ending date _____ for release of record.

I understand and acknowledge that NRCS cannot be responsible for ensuring the confidentiality of released records.

Name (Please Print): _____

Signature: _____

Date Signed: _____

January 5, 2009